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PTO/SB/22 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 11000128-0006
Application Number	10/809,015 - Conf. #7839	Filed March 25, 2004

For CREDIT CARD REFERRAL METHODS

Art Unit 2876	Examiner Daniel St Cyr
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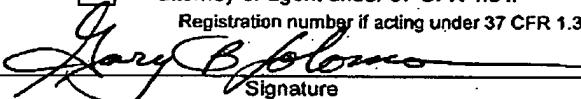
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 225.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

- Applicant claims small entity status. See 37 CFR 1.27.
 A check in the amount of the fee is enclosed.
 Payment by credit card.
 The Director has already been authorized to charge fees in this application to a Deposit Account.
 The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-3140

I am the applicant/inventor.
 assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 attorney or agent of record. Registration Number 44,347
 attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____



Signature

December 8, 2008

Date

Gary B. Solomon

Typed or printed name

(214) 259-0941

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

12/09/2008 PCHOMP 08000056 193140 10809015
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PTO/SB/17 (06-07)

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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
TOTAL AMOUNT OF PAYMENT (\$ 225.00)	

Complete if Known

Application Number	10/809,015
Filing Date	March 25, 2004
First Named Inventor	Tommy Constantine
Examiner Name	Daniel St Cyr
Art Unit	2876
Attorney Docket No.	11000128-0006 (Prior Docket No.: 4089-A3C)

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account		Deposit Account Number: _____	Deposit Account Name: _____	

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	310	155	510	255	210	105
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 =	x	=	
HP = highest number of total claims paid for, if greater than 20.			

Each independent claim over 3 (including Reissues)

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 =	x	=	
HP = highest number of independent claims paid for, if greater than 3.			

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee (\$)
- 20 =	x	=				
HP = highest number of total claims paid for, if greater than 20.						

Indep. Claims

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x		

- 100 = /50 = (round up to a whole number) x

HP = highest number of extra sheets paid for, if greater than 100.

4. OTHER FEE(S)	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <i>2nd Month Extension of Time Request</i>	225.00

SUBMITTED BY

Signature	<i>Gary B. Solomon</i>	Registration No. (Attorney/Agent)	44,347	Telephone	(214) 259-0941
Name (Print/Type)	Gary B. Solomon	Date	December 8, 2008		

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